

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 2 — 0 6

2. STATE:

Washington, D.C.

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 430.10

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ -0-

b. FFY 2003 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ALL PAGES

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

ALL PAGES

10. SUBJECT OF AMENDMENT:

Replacement for Current State Plan

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Herbert H. Weldon, Jr.

14. TITLE:

Sr. Deputy Director for Medical Assistance Admin.

15. DATE SUBMITTED:

January 15, 2002

16. RETURN TO:

Herbert H. Weldon, Jr.
Senior Deputy Director for
Medical Assistance Administration
Department of Health
825 North Capitol Street, NE
Suite 5135
Washington, D.C. 20002**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

JANUARY 17, 2002

18. DATE APPROVED:

November 27, 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

JANUARY 1, 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Mary T. McSorley

22. TITLE:

Associate Regional Admin.

23. REMARKS:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Suite 216, The Public Ledger Building
150 S. Independence Mall, West
Philadelphia, PA 19106-3499



NOV 27 2002

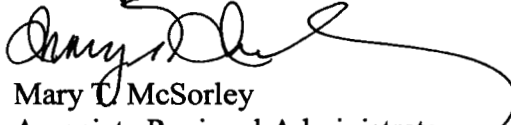
Mr. Herbert H. Weldon, Jr.
Senior Deputy Director for Health Care Finance
Department of Health
Medical Assistance Administration
825 North Capitol Street, N.E., Suite 5135
Washington, D.C. 20002

Dear Mr. Weldon:

We approve the District of Columbia's request to amend its State plan, transmittal number 02-06. This State Plan amendment constitutes non-substantive changes that correct pagination, date omissions, citation updates, and other non-policy provisions. The effective date of the amendment is January 1, 2002.

If you have any questions concerning this matter, please contact Marguerite Clark at 215-861-4199.

Sincerely,


Mary T. McSorley
Associate Regional Administrator
Division of Medicaid

Enclosure